

**Medical Referral Form for Modified Meals**

To be completed by parent/guardian. The Day Care Center must secure this information for children who require modified diets. A new Medical Referral Form must be collected **annually**.

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Special diet/modified meals requested \_\_\_\_\_

\_\_\_\_\_

Note to Physician:

The day care center has been requested to serve this child modified meals in the Child Nutrition Programs. To ensure, that in so doing, the child's medical requirements are being met appropriately, we request that you complete this form.

Are there foods that should not be served to this child?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list foods that should not be served:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, also list suggestions for alternative foods that may be served to this child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Office Address \_\_\_\_\_ Phone \_\_\_\_\_